



**STATE OF WEST VIRGINIA**  
**Offices of the Insurance Commissioner**  
**Financial Conditions Division**

Mailing Address:  
Financial Conditions  
PO Box 50540  
Charleston, WV 25305-0540

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Facsimile: (304) 558-1365  
Email: [financial.conditions@wvinsurance.gov](mailto:financial.conditions@wvinsurance.gov)  
[www.wvinsurance.gov](http://www.wvinsurance.gov)

Location:  
Financial Conditions  
1124 Smith Street, Rm 102  
Charleston, WV 25301

**Requirements and Procedures for Renewing a Licensed or Registered  
Third Party Administrator in West Virginia**

W. Va. Code §33-46-13 states “A person who directly or indirectly underwrites, collects charges or premiums from, or adjusts or settles claims on residents of this state, in connection with life, annuity or accident and sickness coverage provided by a self-funded plan other than a governmental or church plan shall register with the commissioner annually, verifying its status as in this article described.”

W. Va. Code §33-46-14(d) states in part that “..., each nonresident administrator shall annually file a statement that its home state administrator certificate of authority or license remains in force and has not been revoked or suspended by its home state during the preceding year.” and W. Va. Code §33-46-14(e) states in part that “..., on or before the first day of October, the nonresident administrator shall pay the fee set forth in section fifteen [§ 33-46-15] of this article.”

W. Va. Code §33-46-16(a) states that “Each administrator licensed under section twelve [§ 33-46-12] of this article shall file an annual report for the preceding calendar year with the commissioner on or before the first day of July of each year or within an extension of time granted by the commissioner for good cause.”

*Complete the following and submit to the address above. All of the information must be received in its entirety or the application may be returned unprocessed.*

**For West Virginia Home State Administrators**

- 1) Audited financial statement (unbound) performed by an independent certified public accountant and verified by at least two officers of the administrator;
- 2) Complete name, contact person, address, and telephone number of **all** insurers (including church plans, government plans, self-funded plans, etc.) with which the administrator had agreements during the preceding fiscal year (indicate the plan type);
- 3) Number of covered lives nationwide, the annual premiums collected nationwide, the annual claims paid nationwide, the number of West Virginia covered lives, the West Virginia premiums collected, and the West Virginia annual claims paid; and,
- 4) Remit a non-refundable check in the amount of \$300 (\$100 for filing annual report; \$200 for annual fee) made payable to the WV Offices of the Insurance Commissioner.

**For Non-Resident Administrators**

- 1) Provide a statement that its home state administrator certificate of authority or license remains in force and has not been revoked or suspended by its home state during the preceding year;
- 2) Complete name, contact person, address, and telephone number of **all** insurers (including church plans, government plans, self-funded plans, etc.) in West Virginia with which the administrator had agreements during the preceding fiscal year (indicate the plan type);
- 3) Number of West Virginia covered lives, West Virginia premiums collected (dollar amount), and the West Virginia annual claims paid (dollar amount); and,
- 4) Remit a non-refundable check in the amount of \$200 (for the annual fee) made payable to the WV Offices of the Insurance Commissioner.

**For Self-Funded Plan Administrators**

- 1) Fully completed TPA-1 for Registration;
- 2) Complete name, contact person, address, and telephone number of **all** insurers or whomever has covered individuals (including self-funded plans, church plans, government plans, etc.) in West Virginia with which the administrator had agreements during the preceding fiscal year (indicate the plan type); and,
- 3) Number of West Virginia covered lives, West Virginia premiums collected (dollar amount), and the West Virginia annual claims paid (dollar amount).